

Resident Course Description for R2 Hematology / Oncology

I. General Information

- A. This is a required rotation for PGY-2 residents and is of four weeks duration.
- B. Faculty: Gail Shiomoto, M.D. (course director)
Sara Alexander, M.D.
Mary J. Daines, R.N., O.C.N.

II. Orientation to Rotation

- A. Resident should report to the oncology clinic area on 2-West at the Des Moines VA Medical Center by 8:00 a.m. on the first day of the rotation. Orientation will be provided by Dr. Shiomoto or Dr. Alexander and Mary Daines.
- B. Dr. Shiomoto will explain the logistics of the rotation:
 - 1. Monday through Friday mornings:
Short stay admissions being managed by the service need to be seen by the resident and staffed with Dr. Shiomoto. Hematology-Oncology Clinics will also be conducted on Monday, Tuesday and Wednesday mornings.
 - 2. Wednesday noon Tumor Board at VAMC (monthly). The rest of Wednesday afternoon will then be dedicated to teaching sessions with Dr. Shiomoto (slide review, discussion of journal articles and other reading materials selected by Dr. Shiomoto).
 - 3. Monday through Friday afternoons:
New consultations will be seen. Follow up of short stay oncology admissions and patients previously seen in consultation on the inpatient services will be performed.
- C. Important Phone Numbers
 - 1. VA Heme Onc Clinic = 699-5904
 - 2. Mary Daines VA office = 699-5999 ext. 4104

III. Objectives and Description of Rotation

- A. Educational purpose: The resident should obtain a broad exposure to disorders commonly seen in hematology and oncology during the one month rotation. The resident should be able to demonstrate knowledge of common hematologic and oncologic disorders, be able to perform an appropriate and accurate history and physical examination of patients with hematologic and oncologic disorders, and communicate the results of this examination clearly to the consultant in an accurate and organized fashion. The resident should be able to present a concise and relevant differential diagnosis when seeing a new patient in consultation. The resident will develop at least a basic knowledge of common chemotherapeutic agents, including their indications and toxicities, and the resident will demonstrate empathy and professionalism in the care of these patients and in relationships with ancillary health care providers. The resident will demonstrate ability to search the relevant literature in providing patient care. Finally, after completing this rotation, the resident will demonstrate the following specific knowledge:

- should
1. Be able to identify and interpret common abnormalities on peripheral blood smears.
 2. Demonstrate an appropriate work up for patients with leukopenia, anemia, thrombocytopenia, coagulopathies, and other bleeding disorders.
 3. Demonstrate a basic knowledge of leukemias, lymphomas and multiple myeloma.
 4. Be able to address the initial evaluation and staging of common solid tumors and important prognostic indicators.
 5. Be familiar with commonly used chemotherapeutic agents and their toxicities.
 6. Be able to perform bone marrow aspiration and biopsy and understand what tests be obtained on these specimens.
- B. Important educational content, including mix of diseases, patient characteristics and types of clinical encounters expected:
1. During this rotation, diseases most often seen will include lymphomas, leukemias, multiple myeloma, cytopenias, anemias, and bleeding disorders.
 2. There will be extensive exposure to patients with lung cancer, colorectal cancer, head and neck cancers, CNS tumors, and genitourinary tract cancers (renal, bladder, prostate).
 3. During this rotation, there will be opportunities to discuss indications for, and evaluation of, patients for bone marrow transplantation.

IV. Ancillary Educational Materials

- A. Textbooks to be used as resources during the month:
1. The American Cancer Society Textbook of Clinical Oncology
 2. Expert Guide to Oncology, by Bitran
 3. Cancer Principles and Practice of Oncology by DeVita
 4. Williams' Hematology, by Butler
- B. Review of slides under microscope with Dr. Shiomoto and review articles from journals as provided by Dr. Shiomoto.
- C. Review and discussion of sample board questions.

V. Mechanics of Rotation

A. Medical records: Resident responsibility for record completion will include:

1. Admission notes, progress notes and discharge summaries for any short stay patient admissions that are managed by the Hematology-Oncology Service.
3. Clinic notes on all patients seen in clinics as directed by Dr. Shiomoto or Dr. Alexander and any other assigned faculty preceptor.
3. Complete consult notes on any consultations performed on hospitalized patients during the rotation.
4. Progress notes on inpatients being followed by the Oncology Service.
5. Procedure notes for any bone marrow aspiration and biopsy or other procedures completed during the rotation.

B. Procedure requirements:

Each resident should be able to complete at least three supervised bone marrow aspiration and biopsy procedures during the rotation. This should be coordinated with Dr. Shiomoto and Mary Daines or your Medical Oncology and Hematology Associates preceptor.

B. Continuity of care clinic for resident: The resident should attend their own weekly continuity of care clinics during this rotation.

C. Residents will be responsible for the competent evaluation of patients seen on both the inpatient service and in the clinic, and the completion of all necessary medical records. The resident will be directly and indirectly supervised, with direct supervision immediately available, by the attending hematology oncology faculty.

D. Daily schedule

1. The resident should report to the Des Moines VA Medical Center by 8:00 a.m., Monday - Friday. Afternoon clinics will start around 1:00 p.m. as indicated above.
2. Earliest time for leaving hospital:
4:30 p.m. when on-call; otherwise as discussed with the faculty preceptor on non-call days.
4. Weekend coverage: not generally required but should be discussed with Dr. Shiomoto at the start of the rotation.

VI. Evaluation

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an electronic evaluation form will be completed and returned to the residency office. The evaluation will be reviewed and signed by the resident.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. **Patient Care:** Demonstrate ability to effectively evaluate and manage patients with hematology & oncology conditions and demonstrate competence with required procedures encountered during the rotation. Bone marrow aspiration and biopsy procedure proficiency will be assessed during this rotation.
2. **Medical Knowledge:** Demonstrate ability to access and critically evaluate current medical information relevant to hematology-oncology and demonstrate understanding of all assigned reading materials. Basic concepts that should be mastered during the rotation include:
 - a. Classification of anemias
 - b. Evaluation and treatment of common coagulation disorders
 - c. Diagnosis and staging of common malignancies
 - d. Side effects of commonly used chemotherapeutic agents
3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with hematology-oncology conditions and demonstrate real-time strategies to address these gaps. Demonstrate proficiency in performing literature search to assist in patient care.
4. **Interpersonal and Communication Skills:** Demonstrate appropriate communication skills in dealing with patients and families, especially when delivering bad news and discussing end-of-life care options. Demonstrate timely and accurate completion of medical records.
5. **Professionalism:** Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent.
6. **Systems-Based Practice:** Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing, social services and other allied health care providers to assure timely, comprehensive care provided.

Rev 6/22/07

Rev 3/29/12

William Y. Yost, MD FACP